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<b>SERIAL NUMBER</b> 10/634,967	<b>FILING OR 371(c) DATE</b> 08/05/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 0103-0021(ZM0538)
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**APPLICANTS**

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OK new

\*\* CONTINUING DATA \*\*\*\*\* none new

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none new

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Wendall</i> Initials <i>new</i>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**

43231

**TITLE**

Locking surgical instrument

<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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